

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10

APPLICANT(S) 1519152

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5		2					55						
6		1					56						
7		2					57						
8		1					58						
9		2					59						
10		1					60						
11		2					61						
12	1						62						
13		1					63						
14	1						64						
15		1					65						
16		1					66						
17		1					67						
18							68						
19							69						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	17						TOTAL CLAIMS						